

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25271** (0)

1. Corporation Name

IMMOBILIA PROPERTIES, INC.



Principal Place of Business

**615 PEACHTREE STREET
SUITE 1150
ATLANTA GA 30308**

Mailing Address

**615 PEACHTREE STREET
SUITE 1150
ATLANTA GA 30308**

3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 18 Kings WALK

26 18 Kings WALK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 K-18

27 K-18

City & State
Atlanta, GA

City & State
Atlanta GA

Zip
30307

Country
DeKalb

Zip
30307

Country
DeKalb

4. FEI Number

62-0322092

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORANSSON, JAN G.
21 GULF SHORE BLVD. NORTH
NAPLES FL 33942**

Address
change
only

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**365 5th Avenue South
306**

84. City

Naples

FL

85. Zip Code

33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D GORANSSON, JAN G.
STREET ADDRESS
21 GULF SHORE BLVD., N.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
D OHMAN, ELISABET G.
STREET ADDRESS
21 GULF SHORE BLVD., N.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS
365 5th Avenue South, #306
14. CITY-ST-ZIP
Naples, FL 33940

21. TITLE ☒ Change ☐ Addition

22. NAME
23. STREET ADDRESS
365 5th Avenue South, #306
24. CITY-ST-ZIP
Naples FL 33940

31. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)